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ABSTRACT

The National Advisory Council on Nurse Education and Practice (NACNEP) convened the Expert Workgroup on Diversity to advise the NACNEP on development of a national agenda for increasing workforce diversity. The workgroup's 18 members developed recommended goals and actions covering the following broad themes: (1) enhance efforts to increase the recruitment, retention, and graduation of minority students; (2) promote minority nurse leadership development; (3) develop practice environments that promote diversity; and (4) promote the preparation of all nurses to provide culturally competent care. The following were among the specific goals recommended: (1) increase the number of minority faculty in nursing programs over the number reported by the American Association of Colleges of Nurses for 1997-1998; (2) improve the evaluation and accountability for the outcomes of programs funded to increase diversity in nursing; (3) reduce social isolation of minority nurse leaders by increasing opportunities for professional development activities focusing on development of support systems; and (4) create and maintain workplace environments and employee support programs that promote and document recruitment, retention, and advancement of minority nurses. (The bibliography lists 25 references. Information about the workgroup's establishment and operation is appended along with a list of workgroup members.) (MN)

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A National Agenda for Nursing Workforce RACIAL/ETHNIC DIVERSITY

National Advisory Council On Nurse Education And Practice

Report To The Secretary Of Health And Human Services And Congress

2000

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

Bureau of Health Professions
Division of Nursing

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EXECUTIVE SUMMARY

The National Advisory Council on Nurse Education and Practice (NACNEP) is authorized under Title VIII of the Public Health Service Act to provide advice and recommendations to the Secretary and Congress concerning the range of issues relating to the nurse workforce, education, and practice improvement. In its 1996 Report to the Secretary on the Basic Nursing Workforce the council identified increasing the racial/ethnic diversity of the RN workforce as one of the measures necessary to ensure the availability of a workforce appropriate to meet the nursing needs of the population. As the consequences of a rapidly growing racial/ethnic minority population and relatively slow growth in the number of minority RNs have become increasingly evident, NACNEP has now determined that the Nation should set an action agenda to rally and direct efforts to address the longstanding issue of underrepresentation of racial/ethnic minorities in the nursing workforce. This report presents issues related to racial/ethnic diversity in nursing education and practice and recommends goals and actions that can serve as a national action agenda to be undertaken to address those issues. The magnitude of the challenges involved with increasing nursing workforce diversity requires a national effort involving the public and private sectors. Initiatives must involve the educational system that produces the nurses as well as the employment settings in which they work. In order for these efforts to be effective and sustainable there must be consistent, visible support from the highest levels of government and the private sector.

A culturally diverse workforce is essential to meeting the health care needs of the Nation's population. Not only are minority populations increasing substantially but they also have higher rates of certain diseases, lower rates of successful treatment, and in some cases, shorter life expectancies than the majority population. Minority populations are also more likely to reside in areas with chronic shortages of health care providers. Although a number of factors contribute to racial and ethnic disparities in health, inadequate access to quality and appropriate care is one of the more significant. Despite their relatively small numbers among the nursing workforce, minority nurses are significant contributors to the provision of health care services in this country and leaders in the development of models of care that address the unique needs of racial/ethnic minority populations. Therefore increasing their numbers is a major strategy in reducing the health disparities that exist among the Nation's population.

The NACNEP recognized the need for additional expertise to identify the issues related to nursing workforce diversity and initiatives that would effectively address the issues. As a result, the Division of Nursing, under the direction of the NACNEP, convened the Expert Workgroup on

Diversity to advise NACNEP in the development of a national agenda for increasing nursing workforce diversity. The 18 members of the Workgroup, recognized for their expertise in nursing and in workforce diversity issues, represented a variety of organizations including the NACNEP, national minority nurse organizations, schools of nursing, national nursing associations, national healthcare associations, national medical school associations, and private organizations.

This Workgroup developed recommendations that covered four broad themes–education, practice, leadership, and cultural competency. The recommended goals and actions were accepted by NACNEP as it developed the goals and action items in this report. The following goals are recommended by NACNEP:

Enhance efforts to increase the recruitment, retention, and graduation of minority students

- Identify educational environments and programs that success fully support recruitment, admission, retention, and graduation of minorities and more widely implement successful models
- Increase the number of minority faculty in nursing programs over the number reported by the American Association of Colleges of Nurses for 1997-98
- Improve the evaluation of and accountability for the outcomes of programs that are funded to increase diversity in nursing
- Establish collaborative partnerships among health professions education groups to participate in the identification of indicators for the academic and practice success of minority students
- Educate minority communities regarding nursing as a career
- Increase minority students' and their advisors/counselors' understanding of the academic requirements necessary to facilitate access to a professional nursing program
- Increase the overall number and percentage of baccalaureate-prepared minority nurses in the basic nurse workforce. At least two-thirds should hold baccalaureates or higher degrees by the year 2010

Promote minority nurse leadership development

- Increase the number of minority nurses in policy/leadership positions in health care administration, academia, and research
- Reduce social isolation of minority nurse leaders by increasing opportunities for professional development activities that focus on the development of support systems

- Increase the use of mentors for students and those nurses that are young in their careers

Develop practice environments that promote diversity

- Create and maintain workplace environments and employee support programs that promote and document recruitment, retention and advancement of minority nurses

Promote the preparation of all nurses to provide culturally competent care

- Establish cultural competence standards in education and practice

- Document the effects and benefits of a culturally diverse and competent nursing workforce in regards to access to care, out comes of care, and cost

PREFACE

The health of the Nation depends on an adequate supply of nurses and a nursing workforce that reflects the racial and ethnic diversity of the population. Racial and ethnic minorities currently comprise more than one-fourth of the Nation's population and will comprise nearly 40 percent by the year 2020. The most recent nursing workforce data available document that less than 10 percent of all RNs are minority nurses. These facts and the current trends in the numbers of minority students in the nursing educational pipeline suggest that without significant interventions the nursing workforce will continue to be out of balance with the health care demands imposed by the changing population demographics. Renewed and reinforced efforts are required to effectively address the underrepresentation of racial/ethnic minority populations in the registered nurse workforce.

This report is a wake-up call for action. It is intended to serve as a starting point for the many agencies and organizations that are involved in nursing education and practice to operationalize the recommended items in order to remedy this longstanding and growing challenge to the profession. The actions that are recommended intentionally do not suggest or identify specific organizations to be responsible for their implementation. However, the report is being widely disseminated to those involved with nursing and the delivery of health care services in general, including the Secretaries of the Department of Health and Human Services and the Department of Education, members of Congress, professional organizations, schools of nursing, foundations, policy makers, service administrators, and to the people of this Nation whom this issue concerns and impacts. All entities with responsibilities and concerns in this area are urged to review and embrace the recommendations as agenda setting priorities as they relate to the mission of their organization.

The National Advisory Council on Nursing Education and Practice (NACNEP) will continuously monitor and benchmark progress toward these policy goals and action items. This monitoring and reporting on progress will require the full participation of the entities implementing the actions and ongoing feedback about successes and lessons learned.

I. Introduction

Renewed and reinforced efforts are required to effectively address the underrepresentation of racial/ethnic minority populations in the registered nurse workforce. This underrepresentation continues despite the long history of efforts to address it. As we enter the 21st century, the development of a nursing workforce that reflects the racial/ethnic/cultural diversity of the Nation's population remains a challenge to the mission of assuring an adequate supply and distribution of qualified nursing personnel to meet the health needs of the Nation. In 1996 there were an estimated 246,000 RNs of racial/ethnic minority backgrounds. Although this number reflects a doubling of the number of minority nurses since 1980, the growth has been insufficient to produce the numbers necessary to reflect the percentages of minorities in the Nation's population. Minority nurses comprised 9.7 percent of the RN population in 1996. By way of comparison, racial/ethnic minority groups comprise 28 percent of the U.S. population. Examination of the underrepresentation among specific groups reveals even greater cause for concern. For example, Hispanics who comprise approximately 11 percent of the U.S. population, comprise less than 2 percent of the registered nurse population. Similarly, African Americans comprise 12 percent of the U.S. population but only 4 percent of the registered nurse population (See Chart A). Moreover, minority populations are projected to increase substantially during the coming decades. It is projected that by the year 2020 minority populations will comprise nearly 40 percent of the Nation's population. By the middle of the 21st century, those population groups that are currently in the minority will, collectively, nearly equal the majority population in size (U.S. Dept. of Commerce, 1996).

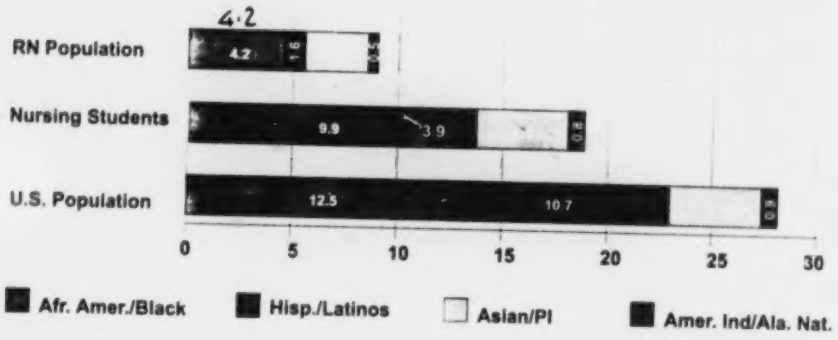
Efforts to produce a nursing workforce that reflects the diversity of the population are primarily justified by the rationale that a diverse workforce is essential to meeting the health care needs of the Nation's population. Minority populations have higher rates of certain diseases, lower rates of successful treatment, and in some cases shorter life expectancies than the majority population. In addition, minority populations are more likely to reside in areas with chronic shortages of health care providers. Although a number of factors contribute to racial and ethnic disparities in health, inadequate access to quality and appropriate care is one of the more significant. Therefore, as the Nation's population becomes more ethnically and racially diverse, the underrepresentation of people from racial/ethnic minority groups in the overall basic registered nurse workforce exacerbates the challenge of delivering culturally appropriate and sensitive nursing services (National Advisory Council on Nurse Education and Practice; 1996). Current trends in the numbers of minority students in the nursing education pipeline suggest that without significant interventions to improve the numbers their representation among the total nurse population will continue to fall short in relation to minorities in the population.

The magnitude of the challenges involved with increasing nursing workforce diversity requires a national effort involving the public and private sectors. Initiatives must involve the educational system that produces the nurses as well as the employment settings in which they work. In order for these efforts to be effective and sustainable there must be consistent, visible support from the highest levels of government and the private sector.

The National Advisory Council on Nurse Education and Practice (NACNEP), in its 1996 Report to the Secretary on the Basic Nursing Workforce, identified actions that the Federal Government should take to ensure the availability of an RN workforce with a composition appropriate to meet the nursing needs of the nation's population. Improving the racial/ethnic diversity of the RN workforce is one of the key areas identified in that report.

This NACNEP report presents issues related to racial/ethnic diversity in nursing education and practice and recommends goals and actions that can serve as a national action agenda to be undertaken by the public and private sectors to address those issues. The focus areas include increasing diversity by enhancing efforts to increase the recruitment, retention and graduation of minority students, especially at the baccalaureate level; developing practice environments that improve diversity by promoting recruitment, retention, and professional development of minority nurses; promoting minority nurse leadership development; and promoting the preparation of all nurses to provide culturally competent care.

Chart A. Percent Minority in the U.S. Population, Schools of Nursing, and the Registered Nurse Population, 1996



Source: Based on data from the Division of Nursing 1996 Sample Survey of Registered Nurses, the National League for Nursing and the U.S. Bureau of the Census.

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Past and Continuing Federal Efforts to Address Diversity Issues in Nursing

The issue of increasing diversity in the healthcare workforce and the implementation of efforts to address it are longstanding. Since the 1960s the Federal Government has provided funding for programs and initiatives with the intent of increasing the representation of racial/ethnic minorities in the health professions. The Allied Health Professions Personnel Training Act of 1966 (P.L. 89-751) authorized a program of Nursing Educational Opportunity grants (Section 861) for financially needy students and also provided contract authority (Section 868) for "Full Utilization of Nursing Educational Talent" projects to foster the recruitment of such individuals. Under the impetus of this legislation, the Division of Nursing launched a recruitment program designed to create opportunities for youths from disadvantaged backgrounds to complete a nursing education program. These recruitment efforts were further expanded, following the enactment of the Nurse Training Act of 1971, to assist a broad spectrum of individuals, including financially or otherwise disadvantaged persons, racial/ethnic minorities, older women, veterans of the Armed Forces, and licensed practical nurses. Between 1968 and 1974, 25 contracts and nine grants amounting to $4.8 million, were awarded under these authorities. A retrospective contract study of the outcomes of projects funded under this legislative authority found that the Full Utilization program was successful in attracting persons from ethnic minority groups into nursing. (USDHHS, 1979).

The Nurse Training Act of 1975 (Title VIII of the Public Health Service Act) placed support for diversity projects under Special Project Grants and Contracts. The Special Projects grants program was authorized under Section 820 of the Public Health Service Act to improve nursing practice through projects that increase the knowledge and skills of nursing personnel, enhance their effectiveness in primary health care delivery, and increase the number of qualified professional nurses. The Act specified that at least 10 percent of the funds appropriated under this section be used to pay the costs of projects to increase nursing education opportunities for individuals from disadvantaged backgrounds. Additionally, this legislation provided for payment of stipends for the project students. The Omnibus Budget Reconciliation Act of 1981 provided increased emphasis on diversity by requiring that at least 20 percent of funds appropriated for special project grants be obligated for assistance to nursing education opportunities for students from disadvantaged backgrounds projects.

The Nurse Shortage Reduction and Education Extension Act of 1988 gave new emphasis to efforts addressing the workforce diversity issue by establishing a new provision, Section 827, Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds (NEO). Since that

time NEO has been the principal program in the Division of Nursing focused on diversity. During the 10-year period from its inception as a separate categorical program in 1989 through 1998 the program awarded 208 grants totaling $33.4 million. Findings from a study of beneficiaries of nursing education projects funded by the Division of Nursing indicate that if it had not been for the nursing education opportunities projects funded under Section 820 and Section 827, many of the efforts instituted to increase diversity in nursing would not have been undertaken. Moreover, indicating the effect of this targeted effort in helping to build a capacity for diversity, 85 percent of the projects surveyed continued activities past the termination of Federal funding. (Washington Consulting Group, 1993).

All of the programs administered by the Division of Nursing under Title VIII, to some extent, address the diversity goal. The Advanced Education Nursing program, Professional Nurse Traineeship program, Nurse Anesthetist Traineeship program, and the Nurse Practitioner and Nurse Midwifery program have all furthered the goal of improving workforce diversity by giving funding priorities to programs that demonstrate either substantial short term progress or a longstanding track record of enrolling and graduating trainees from those minority or low income populations identified as at risk of poor health outcomes.

Another program within the Bureau of Health Professions, the *Scholarships for Disadvantaged Students* program, provides grants to schools of nursing to provide financial assistance to students who are from disadvantaged backgrounds. The Indian Health Service has also sponsored a number of programs designed to improve the access of American Indians to careers in nursing.

The Division of Nursing has sponsored three Minority Nurse Leadership Congresses-held in 1992, 1993, and 1997-each of which has provided a forum in which minority nurse leaders have explored the issues related to diversity in nursing education, practice, and research, and produced recommendations for actions to improve diversity.

The first congress, "*Caring for the Emerging Majority: Creating a New Diversity in Nurse Leadership,*" was held in 1992. Its purpose was to develop an action agenda to enhance the recruitment and education of minority students, to increase the number of minority nursing graduates, and to improve the provision of health care to minority populations. Congress participants, who included minority leaders in nursing education, practice, research, and higher education, developed individual action plans for improving diversity to be implemented in their spheres of influence.

The second congress, "*Caring for the Emerging Majority: Empowering Nurses Through Partnerships and Coalitions,*" was held in 1993. More than 100 minority nurse leaders in nursing education and practice were brought together to examine model partnerships and coalitions that had been developed in minority communities across the country. Workgroups were formed, focusing on a single topic chosen by the participants. These groups proposed specific approaches to solving health care problems of the emerging majority through partnerships and

coalitions. The action plans developed reflected the commitment of the individuals and the groups to correcting the problems identified.

The third congress, "*Caring for the Emerging Majority: A Blueprint in Action,*" was held in 1997. This congress built on the first two and emphasized teams of minority leaders and community-based projects rather than individual leaders. The 31 teams attending the congress (a total of 155 individuals) were selected from 59 teams who submitted proposals in response to a notice in the Federal Register. The focus areas addressed by the teams were recruitment, retention, and graduation of minority students; increasing the numbers of minority nurse leaders; and preparing all nurses to provide culturally competent care. In 1998 the Division of Nursing awarded grants to 18 of the 31 teams, providing seed money for further development and implementation of their proposals. Proposals from other teams have been either partially or fully funded through grant programs in the Division or elsewhere.

The Ad Hoc Workgroup on Diversity of the NACNEP was formed in December 1996, primarily to consider ways to increase the effectiveness of and maximize the impact of funds appropriated for the Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds (NEO) program, the principal program within the Division of Nursing targeted to improve diversity in the nursing workforce. The workgroup was also charged to consider the larger scope of nursing workforce diversity issues and to develop a strategic plan for addressing diversity in education and practice. For this portion of its charge the NACNEP workgroup expressed the need for additional expert input which resulted in the convening of the Expert Workgroup on Diversity. (See Appendix A).

The Expert Workgroup on Diversity was convened by the Division of Nursing in September 1998 at the request of the NACNEP Ad Hoc Workgroup on Diversity. Through a process described later in this report, the Expert Workgroup developed recommendations that covered policy goals and actions for stakeholders in the issues related to nursing workforce diversity. The Expert Workgroup embraced the recurring recommendation of the Minority Nurse Leadership Congresses that the nursing profession needs to specify and implement an action-oriented agenda that addresses diversity issues if improved workforce diversity and health care outcomes are to be realized on a broad-scale basis. This Workgroup reviewed the three Minority Congresses' recommendations, grouped under four broad themes of education, practice, leadership, and cultural competency. The members of the workgroup discussed issues and identified national policy goals and actions for each theme. A concern that cut across all policy goals set forth by the group was the need for ensuring sustainability of efforts in the absence of external funding and accountability of those receiving funds to increase diversity. The Workgroup developed and submitted a report to NACNEP that outlined recommended goals and actions for addressing the identified issues related to diversity in nursing education and practice.

III. Issues Related to Diversity in Nursing Education and Practice

Education

Increasing recruitment, retention and graduation

The underrepresentation of minorities in nursing education perpetuates the underrepresentation of minorities in the nursing workforce. Thus, the nursing education system is the starting point for addressing the issue of increasing diversity in the nursing workforce. Lack of significant increases in the number of racial/ethnic minority nurses suggests that there is a chronic lack of access to educational opportunities. Minorities have historically been under represented in schools of nursing as they have been in most health professions schools. The production of racial/ethnic minority nurses increased somewhat from the early to mid 1990s. The number of racial/ethnic minority graduates from basic nursing education programs increased from 9,548 to 13,394 for the period from 1990-91 through 1995-96 but their representation among all graduates only increased one percentage point-from 13.2 percent to 14.2 percent (National League for Nursing, 1997). More recent data indicate that only 16 percent of newly licensed RNs in 1998 were racial/ethnic minorities (National Council of State Boards of Nursing, 1999).

Short term recruitment and retention programs funded by the Federal government and other organizations, while necessary and useful, have not been sufficient to fundamentally alter the historical pattern of minority underrepresentation in nursing education. Nursing programs currently graduate only about one-half of the number of minority students needed to reflect the diversity of the general population. Clearly, continuation of this trend will not result in the growth in the number of minority RNs necessary to achieve the desired diversity of the nursing workforce. Substantial improvements in admissions and graduations are necessary to bring about the necessary increases. This is especially true since the growing diversity of the U.S. population is projected to continue well into the 21st century. Moreover, current levels of underrepresentation have implications for the ability to "catch up." It has been estimated that an increase of more than 20,000 in the *number* of minority nurses is needed in order to increase the *proportion* of minority nurses by just 1 percent (Stanley, 1995).

There are few studies in the literature and little data documenting and describing the barriers and factors that have impeded substantial growth in the numbers of minority enrollments and graduations from nursing programs for specific racial/ethnic minority groups. In addition, there are no systematic and comprehensive data on the source and composition of the minority applicant pool for nursing programs or on the rates at which minority students complete or drop out of their nursing education programs. The multiple routes of entry into nursing education contribute to the difficulty of collecting and assessing such data in a comprehensive manner. Nonetheless, such

information is critical to understanding the factors that affect the recruitment, retention, and graduation of these students and to the development of effective strategies for addressing their underrepresentation in nursing education programs. It has been observed that until there are more data to identify and describe the barriers and forces that negatively influence minorities to choose nursing as a career, it will be difficult to design and implement new ways to attract and retain minorities (Buerhaus, et. al., 1999). The Institute of Medicine (IOM) committee report on ensuring racial and ethnic diversity in the health professions suggested that many obstacles can be eliminated by expanding or replicating existing successful intervention models. However, the committee found that only a few programs have been rigorously assessed and evaluated. They found that nationwide there are successful programs but many are overlooked as a result of lack of documentation and publication. They concluded that there needs to be increasing emphasis on timely dissemination of evaluation findings in a format that can be used by all of the constituencies involved in these efforts (IOM, 1994).

The Expert Workgroup on Diversity came to similar conclusions in their deliberations concerning actions required to increase diversity in nursing. Based on the experiences and knowledge provided by the Workgroup a number of barriers to increasing the numbers and percentages of minorities in nursing education were identified and have been considered in the NACNEP development of policy goals and actions items related to nursing education. These include:

The image of nursing. Minority populations, as well as the population at large, are poorly informed about careers in nursing. They have inaccurate perceptions about the contributions and roles of nurses in health care delivery and little is known about the differences in the scope of practice for the various categories of nurses.

Inadequate guidance and pre-nursing academic preparation. A national effort to increase the numbers of minorities in the professional nursing workforce cannot ignore the issue of primary and secondary education as the base and frame upon which success in post secondary education is built (CDM Group, 1998). The educational systems from which many aspiring minority nursing students come have not prepared them appropriately for the rigors of the nursing curriculum. Consequently, many who aspire to become nurses are not eligible for admission to the programs and there is a significant attrition rate among those students who are admitted. Some experts feel that there is a lack of realistic expectations among minority students and the minority population at large about the academic requirements necessary to become a nurse. It has been suggested that these requirements should be communicated to students at levels from K-12, in order to ensure adequate preparation by the time they are ready to apply for admission to nursing programs. Information about academic requirements for nursing should also be provided to principals, faculty, and counselors in high schools.

Financial constraints. The cost of a nursing education, particularly at the baccalaureate level, creates a barrier to the enrollment of minority students, many of whom are from financially disadvantaged backgrounds. The availability of adequate financial assistance is a critical component for initiatives aimed at recruiting and retaining minority students in nursing programs.

Non-supportive institutional policies and environments. In some instances, institutional policies and conditions constitute barriers to the recruitment, admission, retention, and graduation of minority students. These include:

- **Highly restrictive admissions policies**–For many health professions programs, standardized test scores are the principal criteria determining admission. Thus, performance of minority students on standardized tests continues to be a barrier to admission to nursing as well as other health professions programs. Test scores are only one of several factors that may be used for determining which students are most likely to complete a program and become successful health care providers. Moreover, there is debate as to the cultural bias of standardized exams and their ability to predict graduation of minority students. There is currently a national dialogue on indicators for success in health professions schools that go beyond standardized test scores. It is important for directors of nursing programs to participate in this dialogue and in the development of other indicators of student success that should be considered when making admission decisions.

- **The lack of a systematic mentoring infrastructure**–It is generally agreed that the availability and use of mentors are important factors in the educational advancement of minorities in nursing and other health professions education. Yet many institutions lack a systematic means of providing mentoring for students. Mentors support and facilitate the students' development and help to cultivate the self esteem and self confidence that are critical to the successful completion of an academic program. While mentors are often faculty members, they do not have to be (Bessent, 1997). The Institute of Medicine committee report on ensuring racial and ethnic diversity in the health professions suggests that in order not to place an undue burden on a few individuals within an institution, steps might be taken to bring minority youth into open, trusting relationships with a variety of role models and supportive professionals. The IOM concludes that ongoing commitment to mentoring requires a solid program infrastructure at the institutional level. (IOM, 1994).

- **The paucity of minority faculty**–Minority faculty are pivotal in attracting and nurturing future minority nurses to practice in their communities. However, as is true in other health professions, minority faculty are underrepresented in nursing education. Data from the American Association of Colleges of Nursing indicate that only 9 percent of full time instructional faculty in baccalaureate and graduate nursing programs are racial/ethnic minorities (American Association of Colleges of Nursing, 1998). The availability of a critical mass of minority faculty in health professions schools has come to be recognized as a major factor in the recruitment and retention of minority students.

  While increasing the number of minority faculty is an important factor in increasing the numbers of minority nursing students and graduates, the support and mentoring provided to minority students to help them complete their nursing education cannot be left

to minority faculty alone. The pool of minority faculty is too small to enable them to address the needs of all minority students. Moreover, changing the cultural milieu requires that more nonminority faculty become mentors of minority students (Ross-Lee, 1995; Griffiths, 1999).

Increasing the numbers with baccalaureate and higher degrees

In addition to the challenge of increasing the numbers of minorities in nursing education programs is the need to increase the numbers who are prepared at the baccalaureate and higher degree levels. Baccalaureate prepared nurses form the educational base from which advanced practice nurses, nurse educators, and researchers for the future are developed. Moreover, baccalaureate programs are more likely than associate degree or diploma programs to contain curriculum that prepares nurses for the increased complexity in the scope of practice that is required (NACNEP, 1996). NACNEP has encouraged direct entry into generic baccalaureate programs. However, the associate degree is generally the more likely means of entry to a nursing career for minority and nonminority students. As Table 1 indicates, with the exception of Asian/Pacific Islanders, 60 percent or more of minority graduates from basic nursing education programs in 1996 graduated with an associate degree. Less than 40 percent were graduates of baccalaureate programs. The NACNEP has made a recommendation that Federal resources should be targeted at increasing the overall number and percentage of baccalaureate-prepared nurses in the basic nursing workforce. The Council has further recommended that a policy target should be adopted to achieve a basic nurse workforce in which at least two-thirds hold baccalaureate or higher degrees in nursing by the year 2010. Continuation of the trends noted in this table will not result in a minority nurse workforce with the educational mix recommended by NACNEP.

Table 1. 1996 Racial/Ethnic Minority Graduates From Basic Nursing Education Programs by Degree Level

Total	Total Number	Baccalaureate		Associate Degree		Diploma	
		Number	Percent	Number	Percent	Number	Percent
	13394	4972	37.1	7834	58.5	588	4.4
African American	6508	2272	34.9	3952	60.7	284	4.4
Hispanic	3197	1128	35.3	1927	60.3	142	4.4
Asian/Pac. Islander	3060	1396	45.6	1516	49.5	148	4.8
American Indian	629	176	28.0	439	69.8	14	2.2

Source: National League for Nursing. *Nursing DataSource 1997.*

For a substantial number of nurses, basic nursing education at the associate degree level is a stepping stone for advancing their careers through further education. According to data from the 1996 Sample Survey of Registered Nurses the percent of minority graduates from associate degree programs who subsequently obtained a baccalaureate degree or higher ranged from 14 percent of Asian/Pacific Islander RNs to 23 percent of African American/Black RNs.

The pattern of minority student entry into nursing suggests that strategies are needed to increase the numbers who enroll in generic baccalaureate programs and to facilitate and accelerate the academic mobility of those who obtain their basic education in associate degree programs if larger percentages are to acquire the baccalaureate degree by the targeted date. To effect this increase in baccalaureate preparation and promote educational mobility there needs to be a better understanding of the factors that motivate, facilitate and hinder the pursuit of the baccalaureate degree. Asian/Pacific Islander students are more likely to pursue the baccalaureate as their basic nursing education. Study of the factors that influence their patterns of entry into basic nursing education may provide insight into strategies that may work for other groups.

Barriers and facilitators to successful pursuit of baccalaureate preparation. There is a perception in minority communities, as well as in the population at large, that a "nurse is a nurse." Consequently many do not see the need to go further than an associate degree and are not aware of the advantages of receiving a baccalaureate or higher degree. For many minority students, the associate degree is more accessible and affordable than the baccalaureate degree. For some, the preference for obtaining the associate degree at a community college is related to close family ties as well as finances (CDM Group, 1998).

A study conducted by the National Association of Hispanic Nurses (NAHN) cites the need to develop and sustain educational programs that facilitate articulation between programs at different educational levels and hence, educational advancement. That study found that barriers to educational mobility identified by participants (Hispanic ADN nurses who had completed their BSN and BSN nurses who had completed their MSN) included institutional policies, limited financial aid, perceived discrimination by faculty and peers, and Hispanic cultural values such as the importance of the family and prescribed gender roles. Conversely, the support of family, peers, and faculty were seen as facilitators to completing degree requirements (NAHN, 1998).

Significant numbers of those enrolled in associate degree programs do so after working in other fields. However, additional study is needed to determine factors influencing the educational mobility patterns of these "second career" individuals. Additional studies of the factors that influence the choice of entry path to nursing chosen by specific racial/ethnic minority groups as well as factors affecting educational mobility are needed in order to implement effective mechanisms for increasing the numbers of baccalaureate prepared minority graduates.

Leadership

The promotion of diversity in nursing education and practice is inextricably linked to leadership in two fundamental ways. First, a commitment from the dean of the school of nursing or other organization leader to diversity in nursing is essential. This commitment should be stated in the institutions' or the organizations' mission statements and strategic plan. Leadership in the work setting must focus on developing and maintaining an environment conducive to fostering the leadership potential of all staff. It is a responsibility of the leadership in any arena to enable and maximize the potential of all. Because current nurse leaders are in a position to use their clinical expertise and managerial skill to positively influence healthcare delivery, they should promote cultural diversity as a means of optimizing the provision of quality health care to the Nation's population.

Secondly, minority nurse leadership in education and in the practice setting is crucial to endeavors to improve diversity in nursing. Minority nurse leaders are advocates and role models for minority nursing students and nurses and they are in a unique position to move the diversity agenda forward. They are also pivotal to launching research and public health initiatives targeting minority and other underserved populations. In addition, they serve as a resource for assisting non-minority health professionals to reach diverse populations effectively and with sensitivity. Minority faculty provide leadership, serve as role models, provide perspective on dealing with minority patients, and promote culturally competent approaches to enhance the effectiveness of health service delivery to minority populations. Moreover, with the presence of larger numbers of minority faculty there is a heightened awareness of minority health issues and an increased capacity for research and development of new initiatives that further help in improving minority health.

Development of greater numbers of minority nurse leaders is key to efforts to recruit and retain more minorities for nursing education programs as well as practice settings. However, there are a number of challenges to the development of significant numbers of minority nurse leaders. The major challenge is the small number of minority nurses in general and the even smaller numbers with graduate degrees. Data on minority students being educated at the graduate level –the pool from which faculty, researchers, and other leaders are drawn- illustrate one challenge to building a critical mass. For example, data from the National League for Nursing, indicate that the total number of minority students graduating from masters' programs in 1996 was only 1,424 (National League for Nursing, 1997). This goes back to the issue of education and the need to encourage current nursing students as well as nurses in practice to pursue higher degrees.

Another challenge to the development of a critical mass of minority nurse leaders is the need to change the perceptions of minority nurses who have leadership potential but have not expressed a desire for or interest in a leadership role. Untapped potential often exists among those who do not initially express interest in career advancement. For them, leadership training and mentoring can provide the stimulus for setting new career goals (Griffiths, et. al. 1999). Mentoring is especially important in minority leadership development. Lack of access to an advisor and mentor, minority or otherwise, can be a crucial barrier to developing minority faculty and minority academic leadership (IOM, 1994).

Analysis of successful minority nurse leadership programs, such as the American Nurses' Association Ethnic-Racial Minority Fellowship Program holds the potential for providing a wealth of information to be used as a basis for expanding that particular model or some other models for increasing the pool of minority faculty and other nurse leaders.

There is not only the need to produce more minority nurse leaders but also to sustain those who have achieved leadership positions. The small numbers of minority administrators, educators, and researchers result in significant challenges for those who are currently in those leadership positions. For example, in the case of minority faculty, the multiple roles of mentor, role model, and participant in minority affairs activities, in addition to teaching, practice, and research can be an overwhelming challenge. Minority leaders, especially, need a network of supportive peers and to date, this support system has been somewhat limited.

Resources should be used to build and strengthen a cadre of nurses who will be leaders for meeting the healthcare needs of a culturally diverse population. Organizations that obtain external funding for programs to develop minority leaders must be committed to sustain such programs when external funding is concluded. Sustainability of such projects is enhanced through the preparation and dissemination of technical reports and surveillance activities that highlight success.

Practice/Workforce

The underrepresentation of minority nurses and its effect on the nursing profession's ability to meet health care needs are the overarching practice/workforce issues relative to the minority nurse workforce. Other issues are the retention and advancement of minority nurses in work settings, changing the educational mix of the workforce, and implications of the aging minority nurse workforce.

Underrepresentation and its implications. In 1996, 217,000, or about 10 percent of the 2,116,000 employed RNs in the U.S. were from racial/ethnic minority backgrounds. These figures are in sharp contrast to the diversity of the U.S. population at that time. More than one-fourth or 71,000,000 of the Nation's population were persons of the racial/ethnic backgrounds. The small numbers of minority nurses in relation to minority populations have implications for the availability of nurses to deliver culturally appropriate, sensitive, and competent care to the Nation's growing minority populations. The likelihood of increasing acceptability of services on the part of minority populations increases with the numbers of minority nurses and the language and cultural compatibility that they offer. This is not to imply that provision of nursing services to minority groups should be solely the responsibility of minority nurses. All nurses will need to become more aware of and better able to relate to the needs of this growing segment of the population. There is a need for the identification of creative mechanisms for sharing the knowledge and expertise of minority nurses with the larger nursing community caring for diverse populations. Nonetheless, the relatively small number of minority nurses limits their availability to the populations who probably need them most. The following minority nurse to minority population ratios highlight the significant gap in the availability of minority nurses to serve as advocates for minority

patients. For some groups, encounters with nurses of their racial/ethnic background are likely to be very limited because the number of nurses is so small in relation to the population.

Table 2. Employed nurses in specified racial/ethnic groups per 100,000 U.S. population in specified racial/ethnic groups

African American	286
American Indian/Alaska Native	538
Asian/Pacific Islander	868
Hispanic	126
White(non-Hispanic)	973

Source: *Computed from data reported in the National Sample Survey of Registered Nurses, March 1996 and population data from the U.S. Bureau of the Census.*

Minority nurse contributions to care delivery. Their relatively small numbers notwithstanding, minority nurses are significant contributors to the provision of health care services in this country and leaders in the development of models of care that address the unique needs of racial/ethnic minority populations. The literature provides information on program initiatives in which minority nurses have lead in the development and implementation of successful community-based partnerships and models of care delivery to vulnerable minority populations (Affonso, et. al. 1993; Bolton et. al, 1998). These projects demonstrate the role of minority nurses as advocates for minority health care improvement and leaders in the development of partnerships within minority communities to address critical health problems. More data and research are needed to further document the unique contributions of the minority nurse workforce to health care delivery and to the health outcomes of specific populations. There is also need for wider dissemination and publication of such data.

Diversity in the work setting. Recruitment and retention of minority nurses are important to meeting health care goals, especially for minority patients, in all health care settings. Ethnic diversity in the workplace is also important because it is widely thought to stimulate improvements in quality, efficiency, and customer satisfaction (Minnick, et. al., 1997). As is true for nurses in general, the principal employment setting of minority nurses is the hospital. Data from the 1996 Sample Survey of Registered Nurses indicate that the proportion of minority nurses employed in hospitals varied from 73 percent of Asian/Pacific Islander nurses to 60 percent of African American/Black nurses and American Indian/Alaska Native nurses. Because the hospital is also the most common clinical setting for nursing student practicums and jobs obtained by new nurses, the hospital environment is influential in determining whether students and new nurses come to value diversity among their workplace colleagues, mentors, and supervisors (Minnick, et. al, 1997).

As Chart B indicates, most nurses employed in hospitals are staff nurses. Little is published about the extent to which work environments in which minority nurses are employed provide support and encouragement for career progression that would allow them to contribute their expertise at a variety of levels in the organization.

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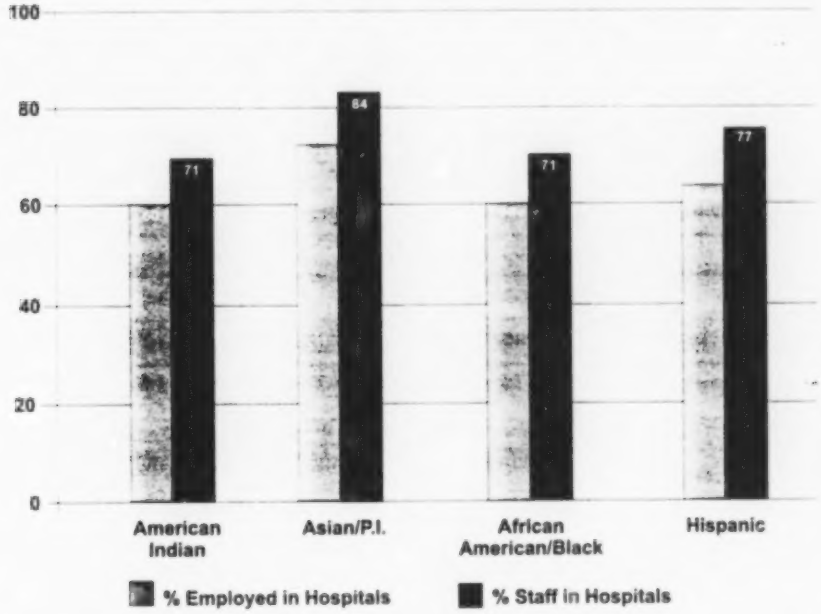
Chart B. Percent of Minority RNs Employed in Hospitals and Percent Staff Nurses, March 1996



Source: ***National Sample Survey of Registered Nurses***, Division of Nursing, BHPr

Data from the National Sample Survey of Registered Nurses indicate that, while their numbers in those positions are much smaller than their non-minority counterparts, African American/Black and American Indian/Alaska Native nurses employed in hospitals are as likely as non-minority nurses to have the position title of administrator/assistant administrator. Also, with the exception of Asian/Pacific Islanders, larger percentages of minority nurses than of non-minority nurses employed in hospitals have the title of supervisor. The percentage of African American/Black and Hispanic/Latino nurses with the position title of head nurse is equal to or greater than the percentage of non minority nurses with that title. There is a need for better understanding of factors that have influenced these percentages in order create and maintain work environments that will expand on the achievements and develop strategies to promote career progression for all nurses.

Recognizing and highlighting the need for enhanced minority nurse visibility and recognition of their contribution to health care delivery in their organization are important first steps to developing work environments that support and retain minority nurses. There is little in the literature that provides information on approaches to recruit, retain, and advance minority nurses in health care settings. However, there is a need for deliberative action on the part of administrators to facilitate the retention and advancement of minority nurses. Explicit action must be taken to identify diversity-related issues within the work setting and to develop strategies to address them. A laissez-faire approach will not confront the unconscious practice biases that exist (Schmieding, 1991).

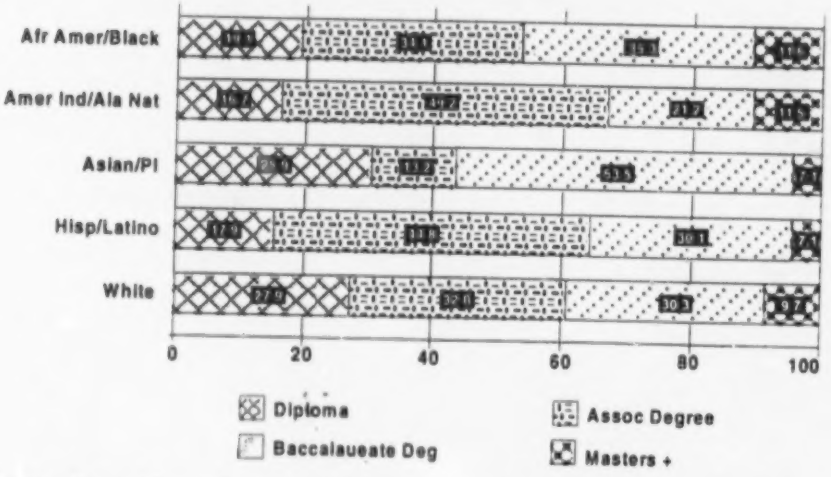
Table 3. Number and Percent of Minority and Non-Minority Hospital Employed RNs by Selected Position Titles, 1996

Race/Ethnicity	Total Hospital Employed		Administrator/ Asst. Administrator		Supervisor		Head Nurse	
	No.	%	No.	%	No.	%	No.	%
American Indian/Alaska Native	6250	100	240	3.8	568	9.1	135	2.2
Asian/Pacific Islander	57351	100	404	0.7	845	1.5	2196	3.9
African American/Black	54901	100	1349	2.5	2155	3.9	5497	10.0
Hispanic/Latino	22807	100	200	0.9	818	3.6	1312	5.8
Total Minority	141309	100	2193	1.6	4386	3.1	9140	6.5
Total Non-Minority	1121346	100	27569	2.5	30261	2.7	64702	5.8

Source: *National Sample Survey of Registered Nurses, March 1996.* Division of Nursing, Bureau of Health Professions.

The educational mix of the minority nurse workforce–The NACNEP has concluded that the changing health care environment significantly influences the essential knowledge and skills needed by the current basic nurse workforce to provide appropriate care to the population and that the educational mix of the existing registered nurse workforce needs to be altered to include larger numbers of those who are at least baccalaureate prepared. RNs differ according to racial/ethnic background in the percentages with at least baccalaureate educational preparation(as Chart C illustrates). Asian/Pacific Islander and African American/Black RNs are more likely than all other RNs to have obtained at least baccalaureate preparation. Moreover, African American/Black and American Indian/Alaska Na-

Chart C. Percent Distribution of RNs in Each Racial/Ethnic Group by Highest Educational Preparation, March 1996



Source: *National Sample Survey of Registered Nurses,* Division of Nursing, Bureau of Health Professions.

tive RNs are more likely than other nurses to have obtained graduate education. Still, with the exception of Asian/Pacific Islanders, less than one-half of the RN population (minority and non minority) has at least baccalaureate preparation. While this is a concern for the nursing workforce as a whole, it is especially important for RNs in racial/ethnic minority groups where well over one-half have less than a baccalaureate education. The creation and expansion of opportunities for educational mobility for minority RNs (as for all nurses) are essential for altering the educational mix of the minority nurse workforce. Such opportunities will need to address the fact of the high percentage of full time employment among minority nurses which indicates the need for financial support if these nurses are to return to school to obtain baccalaureate or graduate degrees in a timely manner. Data from the 1996 Sample Survey of Registered Nurses indicate that in March 1996 the percentage of employed minority RNs working full-time ranged from 87 percent of African American/Black nurses to 76 percent of Hispanic/Latinos.

The aging of the minority nursing workforce. In some minority groups, notably African Americans/Blacks and American Indians/Alaska Natives, the relatively large proportion of older nurses could pose an additional significant challenge to improving workforce diversity. For example, more than one-third of all African American/Black nurses are 50 years of age or older. The average age of African American/Black and American Indian/Alaska Native RNs in 1996 was 46 and 45 years, respectively, and less than 20 percent in each group were under 35 years of age. As these older nurses leave the workforce there is the potential for decline in the presence of these groups in the workforce in the coming years unless there are sufficient increases in the numbers of new entrants to the workforce to compensate for the losses. Hispanic/Latino and Asian/Pacific Islander RNs, with an average age of about 41 years, are the youngest of the RN population.

Cultural Competency

The increasingly diverse population of the Nation requires greater attention to issues related to the delivery of culturally appropriate and sensitive nursing services. Cultural competence is tied to quality of care and the appropriateness, acceptability, accessibility, and utilization of services. It is also related to diversity in the nursing workforce. Developing a culturally competent RN workforce involves educating all RNs to provide safe and effective care to diverse populations and recruiting a racial/ethnically diverse nursing student body. A culturally competent nurse has the ability to honor and respect the beliefs, attitudes, lifestyles, mores, traditions, customs and behaviors of others and is able to develop interventions and services that affirm and reflect the value of different cultures. Cultural competence is particularly imperative to efforts to deliver better preventive health care to growing minority populations. Moreover, there is heterogeneity within all racial/ethnic groups with regards to a number of factors that affect health practices and attitudes. Therefore, the provision of training and cultivating cultural competency should include all health care providers including minority and majority nurses.

It has been observed that the nursing profession has a struggle promoting cultural competency because the profession is so overwhelm-

ingly homogenous, with approximately 90 percent white women. There is a need to work with current practitioners but particular energy should be focused on preparing a new generation of nurses. Therefore, an initial step is convincing nursing faculty of the importance of promoting cultural competency (Hegyvary, 1997). Again, this goes back to the issue of the need for leadership with an appreciation of the need for and vision to promote cultural competency training. While it is difficult to change attitudes, an urgent and minimal charge is to ensure that practitioners provide culturally competent care to the patients they serve. Thus, determining the elements of culturally competent care is an important goal for nursing.

Materials relative to the teaching of cultural competence are available but it has been estimated that less than 25 percent of nursing programs today offer substantive content on culturally competent care (Johnson, 1997). Currently, neither standards for program accreditation nor nursing practice focus on this component of care. Up to this point, no comprehensive standards of cultural or linguistic competence in health care service delivery have been developed by any national body. However, the Office of Minority Health of the U.S. Department of Health and Human Services has recently released draft standards for culturally and linguistically appropriate services (CLAS) which represents a significant move toward the first set of national cultural and linguistic standards in health care delivery. These standards, if adopted, will support a more uniform and comprehensive approach to cultural competency standards and practice (Meadows, 2000).

Learning about the values, beliefs, and customs surrounding the health status of minority populations is essential, but integrating this knowledge into actual health care services delivery may be difficult. This challenge has been successfully addressed in initiatives led by minority nurses that can serve as a model of a unique approach to the delivery of culturally competent care (Mayberry, et. al 1999). Further research is needed to document the benefits and effects of cultural competence in the provision of health care services. This area holds the potential for research opportunities for all nurses but may be of particular interest for minority nurses.

Education

Enhance efforts to increase the recruitment, retention, and graduation of minority students

Issue: ***There is a need for widespread identification and implementation of successful models for recruiting, admitting, retaining, and graduating minority nursing students.***

There is some documentation in the literature of effective minority recruitment and retention models and a number have been implemented by nursing programs across the country. However information about the existence of such models and how they have been operationalized is not readily available to many institutions that could benefit from knowledge of those models.

Policy Goal: To identify educational environments and programs that successfully support recruitment, admission, retention, and graduation of minorities and to more widely implement successful models.

Action Items:

- Gather and analyze information on the minority applicant pool to nursing programs.
- Identify and document motivators, facilitators and barriers that affect minority student participation in basic nursing education programs.
- Gather, analyze, and disseminate information on interventions that have been successful in recruiting, admitting, and graduating students from basic nursing education programs, and licensing minority graduates to practice nursing.
- Support the replication of successful models that demonstrate success in retention and graduation of minority students.
- Increase the competence of all faculty to address the educational needs of minority nursing students.
- Establish criteria for successful educational models from the perspective of racial/ethnic minorities.

Issue: ***There are insufficient numbers of minority faculty and insufficient data regarding the profile of successful minority nursing faculty.***

Faculty development programs are essential to increasing the pool of minority nursing faculty. Data regarding the profile of successful

minority nursing faculty is lacking. Such data is essential to designing successful models of minority faculty development.

Policy Goal: To increase the number of minority faculty over the number for 1997-98 as reported by the American Association of Colleges of Nurses.

Action Items:

- Gather, analyze, and disseminate data on models that have been successful in the development of minority nurse faculty.
- Increase funding for graduate degree and faculty development programs that focus on minority nurses.
- Evaluate data to develop a profile of successful minority nurse faculty that can be used to guide the programmatic efforts for minority faculty development.

Issue: ***Long-term data documenting the successes and failures of previously funded approaches to increasing diversity in the nursing workforce are scarce and little is known about the sustainability of such programs in the absence of external funding.***

Financial support for programs that enhance the production of minority nursing graduates is crucial to increasing the number of minoritis entering the nursing workforce. Moreover, it is important to target scarce financial resources to the most effective methodologies and sustainable programs. The development and use of long-term tracking and reporting methods will provide data on the sustainability of programs and facilitate evaluation of their success over time.

Policy Goal: To improve the evaluation of and accountability for the outcomes of programs that are funded to increase diversity in nursing.

Action Items:

- Track, monitor, and evaluate programs funded for increasing minority enrollment in nursing.
- Provide technical assistance that helps funded institutions with the development and implementation of tracking and reporting methods.
- Promote efforts to sustain programs beyond external funding.

Issue: ***Admission criteria often rely heavily on standardized test scores and fail to include other indicators of future success of minorities as nursing students and health care providers.***

The underdeveloped test taking skills of many minority students are often reflected in poorer performance on standardized tests than majority students. Limiting the qualifying criteria for admission to health professions education programs to standardized test scores serves as a barrier to substantially increasing the number of minorities in those programs.

Policy Goal: To establish collaborative partnerships among health professions education groups to participate in the identification of indicators for the academic and practice success of minority students.

Action Items:

- Gather, analyze, and disseminate information regarding characteristics of minority students involved in successful models of recruitment and retention in basic nursing education programs.
- Implement and evaluate collaborative partnerships to identify predictors of success.
- Identify the predictors of successful completion of a nursing education program.

Issue: ***Minority populations, like the general public, are poorly informed about careers in nursing.***

There is a general lack of understanding of the contributions and roles of nurses in health care delivery.

Policy Goal: To educate minority communities regarding nursing as a career.

Action Items:

- Launch a national media campaign targeted to positively influence the attitudes and perceptions about nursing as a career for minorities.
- Mobilize the nursing community to work with the media and motion picture industry to promote nursing as a worthwhile career and as a profession with a diverse workforce.
- Educate minority communities on the various roles performed by nurses.
- Work with minority organizations (sororities, fraternities, professional associations, churches, civil rights, and other groups) to improve the public's understanding of the academic preparation required to enter a nursing career.

Issue: ***Many minorities with an interest in a nursing career do not have the academic preparation that will facilitate their entry into, retention, and graduation from nursing education programs.***

In many cases students and their academic advisors do not understand the types of nursing educational programs and their entry requirements.

Policy Goal: To increase minority students' and their advisors/counselors' understanding of the academic requirements necessary to facilitate access to a professional nursing program.

Action Items:

- Develop K-12 initiatives focusing on nursing as a career for minorities and provide appropriate information on the academic requirements.
- Link students in K-12 with innovative programs so that they can understand the value of nursing within the larger social context.

- Work with the National Education Association (NEA), other professional groups, and high school academic counselors to provide accurate information about various types of nursing education programs and the academic preparation required to enter and complete these programs.
- Encourage nursing education programs to "adopt a high school" so that minority students and their advisors at the high school level can be educated regarding the nursing career opportunities and the academic preparation required to enter the nursing profession.
- Link nursing education programs with other programs (e.g., after school, rites of passages) to help focus and prepare students for nursing careers.

Issue: ***The majority of the minority registered nurse workforce has less than a baccalaureate education. Moreover, most minority students in basic nursing education programs are enrolled in associate degree programs.***

The current and emerging health care system requires a nurse workforce whose education prepares them to function across health care sectors and systems in providing and managing nursing services to individuals, families, groups, and populations. As is true for the nursing workforce in general, most minority nurses and students are not prepared for this scope of practice.

Policy Goal: To increase the overall number and percentage of baccalaureate-prepared minority nurses in the basic nurse workforce. At least two-thirds should hold baccalaureate or higher degrees by the year 2010.

Action Items:

- Target resources at increasing the numbers of minority baccalaureate students through both recruitment and student support activities.
- Fund demonstrations to establish collaborative arrangements between community colleges and baccalaureate programs.
- Enhance the educational mobility for minority Licensed Practical Nurses, and graduates of diploma and associate degree programs.

Leadership

Promote minority nurse leadership development

Issue : ***There is a need for minority nurses in leadership positions at all levels in the health care arena.***

There are few minorities at the policy making level in service, institutions of higher education and in research. Successful strategies that have been used to develop minority nurse leaders need to be documented and more widely implemented.

Policy Goal: To increase the number of minority nurses in policy/ leadership positions in health care administration, academia, and research.

Action Items:

- Collect and analyze data on minority nurses in leadership positions.
- Develop leadership models that are based on unique leadership styles of nurses from diverse backgrounds.
- Increase the representation of minorities in national and State professional organizations and private and public institutions.
- Create systems to provide mentor ship to minority nurses throughout their careers.
- Disseminate information about leadership opportunities and leadership training opportunities to minority nurses.

Issue: ***Minority nurse leaders often experience social isolation, reduced networking and minimal support systems.***

More effective support systems for minority nurse leaders need to be developed. The development of these systems can be facilitated by documenting the career pathways of those minority nurses who have become leaders and identifying the factors that enabled them to obtain and remain in leadership positions.

Policy Goal: To reduce social isolation of minority nurse leaders by increasing opportunities for professional development activities that focus on creating support systems.

Action Items:

- Assess funded minority nurse leadership and career develop ment programs to determine their success and potential for replication of promising models.
- Create and expand support systems for minority nurse leaders.
- Encourage and promote mentoring of minority nurses in academic and service settings.

Practice/Workforce and Cultural Competency

Develop practice environments that improve diversity
Promote the preparation of all nurses to provide culturally competent care

Issue: ***The work environments in which many minority nurses are employed provide insufficient support and encouragement for career progression and for assisting staff to respect and build on their diversity.***

A supportive work environment is conducive to the recruitment and retention of minority nurses who, in turn, can facilitate access of minorities to health care. Examples of successful environments need to be identified and replicated.

Policy Goal: To create and maintain workplace environments and employee support programs that promote and document recruitment, retention, and advancement of minority nurses.

Action Items:

- Identify, gather, analyze, and disseminate information on successful workplace interventions to recruit, retain, and advance minority nurses.
- Identify and disseminate information on successful workplace interventions to manage diversity issues in the practice environment.
- Conduct pilot projects to identify successful strategies and disseminate results.
- Mobilize national organizations, accrediting bodies, and legisla tures to enact policies on diversity in the workplace.
- Develop academic partnerships with hospitals and community-based organizations to support career development.

Issue: ***There is limited research documenting the benefits of a diverse nursing workforce on access to care, outcomes of care, and cost.***

Diversity in the workforce is an essential element to improving access to care, patient care outcome, and reducing health care costs. In order to expand the body of knowledge and empirical evidence on the benefits improving diversity in the workforce there is a need for more research that explores and documents the relationships between increasing nursing workforce diversity and improving access to and outcomes of care.

Policy Goal: To document the effects and benefits of a culturally diverse nursing workforce in regards to access to care, outcomes of care, and cost.

Action Items:

- Collect and analyze data regarding the relationship between the provision of care by minority nurses and outcomes of health care for minority patients.
- Conduct pilot projects that demonstrate partnerships between the community and minority nurses for addressing minority health.

Issue: ***Nurses are unprepared to serve the growing culturally diverse population.***

The increasingly culturally diverse population poses new challenges for the nursing profession. These challenges range from the preparation of a sensitively prepared and culturally diverse workforce, to reduction and eventual elimination of disparities in adverse patient outcomes. The integration of culture as a core component in the development of nurses and in the delivery of patient care has not been systematically implemented. Schools of nursing are at varying levels of understanding and knowledge on how to develop and implement culturally focused and sensitive courses/ programs. There needs to be an evaluation and presentation of successful and unsuccessful approaches to these challenges.

Policy Goal: To educate all nurses to provide culturally competent care.

Action Items:

- Provide funding for the development of content on cultural diversity in the curriculum.
- Create the curriculum resources and tools necessary to teach and measure cultural competence in nursing education and practice.
- Incorporate cultural diversity in the school/ institution's statement of philosophy.
- Develop standards of practice that incorporate a body of knowledge on cultural competence.
- Integrate cultural competency as a part of accreditation standards for education and practice.
- Disseminate literature and guidelines on the subject of cultural competency.
- Promote the use of information on cultural competency available from the Internet

Issue: ***Practice performance standards and measurements for assessing cultural competence are insufficient.***

Because the emphasis placed on cultural competence in the provision of care is fairly recent, health care providers need more skills and knowledge in this area. Data regarding cultural competence in the workforce is lacking because assessment measures have not been developed for educational programs or practice settings. The Office of Minority Health, U.S. Department of Health and Human Services has recently issued new guidance in the form of 14 draft standards for culturally and linguistically appropriate services (CLAS) that are intended to support a more uniform and comprehensive approach to cultural competency standards and practice.

Policy Goal: To establish cultural competence standards in education and practice.

Action Items:

- Increase funding for research and research opportunities that relate to establishing outcome measures and standards for cultural competence.
- Develop a forum for providing technical assistance and peer review opportunities for minority nurses seeking to develop research proposals related to cultural competence performance standards.
- Review and consider for adoption the recommended standards for culturally and linguistically appropriate services proposed by the Office of Minority Health, U.S. Department of Health and Human Services.

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APPENDIX A

Convening of the Expert Workgroup on Diversity

In September 1998, the Division of Nursing, under the direction of the NACNEP, convened the Expert Workgroup on Diversity to develop recommendations and an action plan for a national nursing workforce diversity agenda. The plan was to be used to assist the NACNEP in the development of an action agenda for diversity in nursing.

The 18 members of the Workgroup are recognized for their expertise in nursing and in workforce diversity issues. Members represented a variety of organizations including the NACNEP, national minority nurse organizations, schools of nursing, national nursing associations, national healthcare associations, national medical school associations, and private organizations. In addition, two minority graduate nursing students were included in the Workgroup. To provide a national perspective on diversity issues, representatives from all regions of the country were included in the Workgroup.

The Expert Workgroup members also represented the minority populations as follows:

Minority Population	Number
African American	7
American Indian	1
Asian/Pacific Islander	1
Hispanic	5

Context for the Development of the Diversity Agenda and Action Plan

In preparing for the meeting, Division of Nursing staff conducted a content analysis of recommendations from the three Congresses and the Basic Nursing Workforce Report of NACNEP. Four broad themes of education, practice, leadership, and cultural competency were identified as well as five crosscutting themes of data, mentoring, regulation, resources, and technology. The Expert Workgroup was asked to review the recommendations under each category, and using their knowledge and expertise, develop a draft national nursing workforce agenda and action plan with policy goals and options or actions for each goal. Data on the current status and trends on minorities in the RN population and in nursing education were presented to the group prior to their discussions.

The policy goals and recommended strategies were to be developed with consideration of the following:

- The current status of diversity in nursing education and practice
- The opportunities and the obstacles in the internal and external environment that affect diversity in nursing education and practice
- The financial and human resources needed for implementing the recommended options
- Constraints in implementing the action plan
- Strategies that include joint efforts between public and private institutions and approaches to implementing these relationships
- Strategies that consider and incorporate national, State, local, and institutional needs and plans

Method for Developing the Draft Diversity Agenda

Expert Workgroup members discussed issues and identified policy goals for each theme. A specified time period was devoted to discussing each of the themes of education, practice, leadership, and cultural competency. However, members were encouraged to return to any of the previously discussed themes if they needed to make additions, deletions, or changes to the policy goals and actions. After Expert Workgroup members agreed that the list of policy goals and options that had been identified was complete, they prioritized the policy goals. A concern that cut across all policy goals set forth by the group is the need for sustain ability of efforts in the absence of external funding. The issues, policy goals and options produced by the group were submitted to NACNEP for deliberation. This information was the basis for the issues, policy goals, and actions set forth in this report.

APPENDIX B

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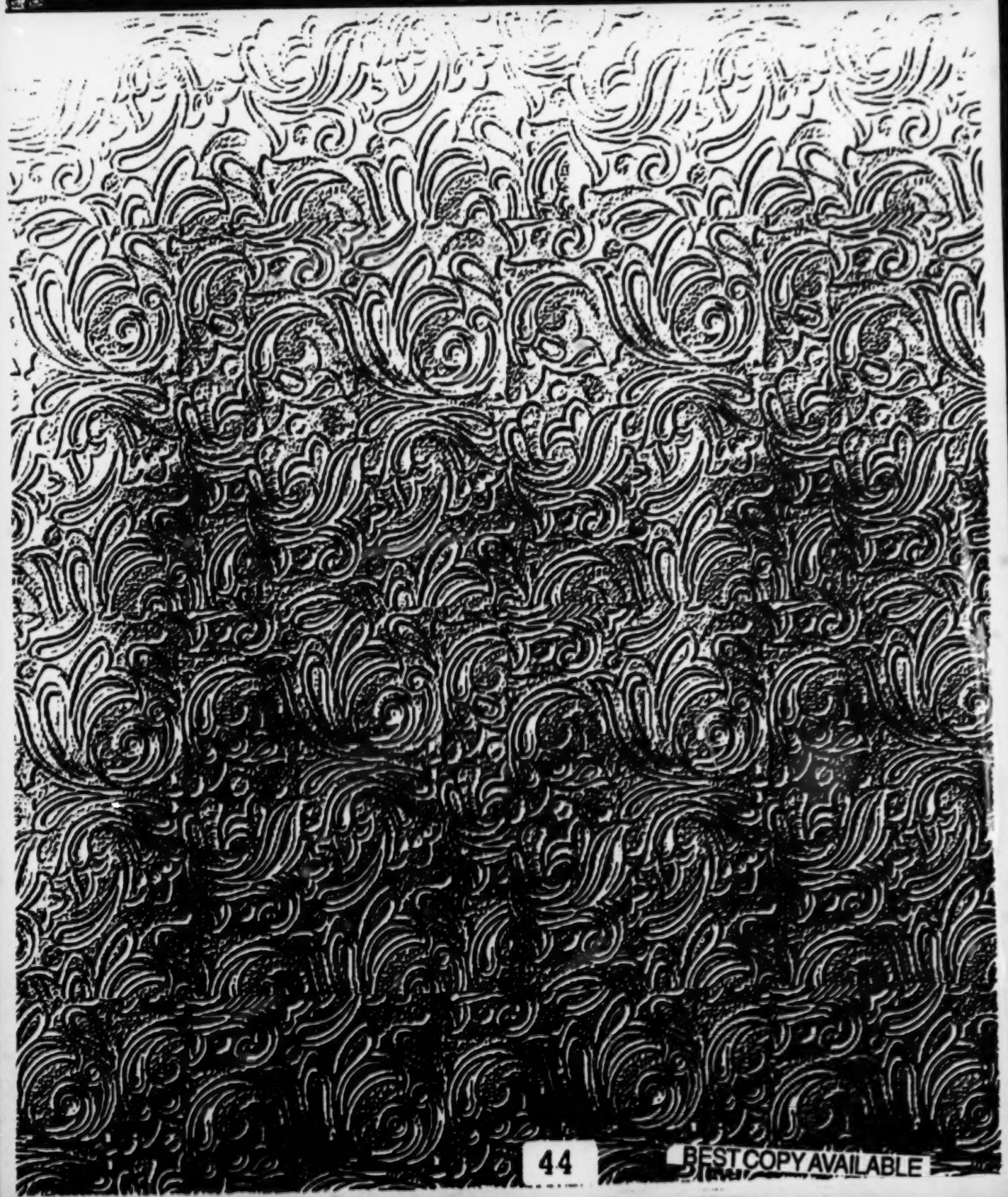

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